



1637/4
PTO/SB/21 (88-00)

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Approved for use through 10/31/2002. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/373,984	
	Filing Date	August 16, 1999	
	First Named Inventor	Xing SU et al.	
	Group Art Unit	1637	
	Examiner Name	J. Tung	
Total Number of Pages in This Submission	8	Attorney Docket Number	3234.1

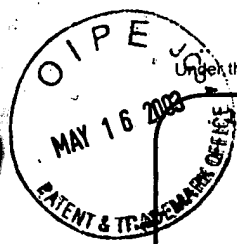
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Firm or Individual name	Sandra Wells, Reg. No.: 52,349
Signature	
Date	May 12, 2003

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known	
Application Number	09/373,984
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<input type="checkbox"/> None	
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Deposit Account Name	AFFYMETRIX, INC.
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FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	750	2001	375	
1002	330	2002	165	
1003	520	2003	260	
1004	750	2004	375	
1005	160	2005	80	
SUBTOTAL (1)			(\$ 0)	

2. EXTRA CLAIM FEES				
Total Claims	Extra Claims	Fee from below	Fee Paid	
Independent Claims	Multiple Dependent			
-20 **	0	X	0	
-3 **	0	X	0	
SUBTOTAL (2)			(\$ 0)	

FEE CALCULATION				
Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	
1201	84	2201	42	
1203	280	2203	140	
1204	84	2204	42	
1205	18	2205	9	
SUBTOTAL (2)			(\$ 0)	

FEE CALCULATION (continued)				
3. ADDITIONAL FEES				
Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	
1052	50	2052	25	
1053	130	1053	130	
1812	2,520	1812	2,520	
1804	920*	1804	920*	
1805	1,840*	1805	1,840*	
1251	110	2251	55	
1252	410	2252	205	
1253	930	2253	465	
1254	1,450	2254	725	
1255	1,970	2255	985	
1401	320	2401	160	
1402	320	2402	160	
1403	280	2403	140	
1451	1,510	1451	1,510	
1452	110	2452	55	
1453	1,300	2453	650	
1501	1,300	2501	650	
1502	470	2502	235	
1503	630	2503	315	
1460	130	1460	130	
1807	50	1807	50	
1806	180	1806	180	
8021	40	8021	40	
1809	750	2809	375	
1810	750	2810	375	
1801	750	2801	375	
1802	900	1802	900	
Other fee (specify) _____				
*Reduced by Basic Filing Fee Paid				
SUBTOTAL (3)			(\$ 110)	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Sandra Wells	Registration No. Attorney/Agent	52,349	Telephone	408/731-5000
Signature		Date	May 12, 2003		

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